Page 1 Date <u>10/12/01</u>

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F: 11	Columns		Desmance Catagories	
Field	Columns (beginning	Question	Response Categories (Code = Response)	
Size	with 352; not	Question	(Code – Response)	
	to exceed			
	601)			
1	252	State Added: Family Planning	V C 4 471 04	
1	352		Yes Go to AZ1_2A 1	
		Questions are asked of Females 18-44 years	No 2	
		of age and Males 18-59	Don't Know/Not Sure 7	
		The next few questions ask about pregnancy.	Refused 9	
		{If 12.16=1 go to AZ1_2A}		
		AZFP1: Have you or your partner been		
		pregnant in the last five years?		
		AZFP2: Thinking back to your last	[PLEASE READ]	
1	353	pregnancy, just before you got pregnant,		1
		how did you feel about becoming pregnant?	You wanted to be pregnant sooner	1
		Would you say:	You wanted to be pregnant later	2
		, ,	You wanted to be pregnant then	3
			You didn't want to be pregnant	
			then or at anytime in the	4
			future	4
			Don't know/Not Sure	7
		AZED 2A. Thinking healt to just before your	Refused Property	9
1	251	AZFP_2A: Thinking back to just before you	[PLEASE READ]	
1	354	got pregnant with your current pregnancy,	You wanted to be pregnant sooner	1
		how did you feel about becoming pregnant? Would you say:	You wanted to be pregnant later	2
		would you say.	You wanted to be pregnant then	3
			You didn't want to be pregnant	
			then or at anytime in the	
			future	4
			Don't know/Not Sure	7
			Refused	9
		State Added: Aging Adult	Yes	1
1	355		No [Go to AZ_E3]	2
		Elderly Support Section (Ask of all BRFS		7
		Respondents regardless of age)	Refused [Go to AZ_E3]	9
		These next questions are about senior		
		centers – places in the community where		
		older people can receive services and		
		participate in activities such as group meals,		
		meals on wheels, health screenings, classes		
		and exercise or recreation. Remember you		

		don't have to answer any of the questions and your responses remain confidential.		
		AZ_E1. Are you aware of a senior center in your community?		
1	356	AZ_E2. Have you ever participated in any activities provided by this senior center even as a volunteer?	Yes-Participated Yes-Volunteered No Don't know / Not sure Refused	1 2 3 7 9
1	357	These next questions are about care giving. Remember you don't have to answer any of the questions and your responses remain confidential.	Yes No [Go to AZ_A1] Don't know / Not sure [Go to AZ_A1] Refused [Go to AZ_A1]	
		AZ_E3. Sometimes people provide care or assistance to others who are elderly, ill or disabled. During the past 30 days, did you provide any type of care or assistance to a relative or friend who is 60 years old or older?		
1	358	AZ_E4. In the past 30 days, how much time have you missed at work or other responsibilities in order to provide the care?	Please Read: None 1 Less than a day 2 One to 5 days 3 More than 5 days 4 Don't know / Not sure 7 Refused 9	
1	359	Aging Section (Ask of Respondents 55 years of age or older) The next few questions are about aging services which you may receive. Remember you don't have to answer any of the questions and your responses remain confidential.	Almost always 1 Sometimes 2 Rarely 3 Never 4	
		AZ_A1. During the past 60 days, how often did you have difficulty arranging for transportation to get to the places you want or need to go?		
1	360	AZ_A2. Because of any impairment or health problem, do you need someone to help with your personal care needs, such as eating, bathing, dressing, or getting around the house?	Yes No (Go to AZ_I Don't know/Not sure Refused (Go to AZ_I (Go to AZ_I)1) 7
20	361-380	AZ_A2a. Who usually helps you with your personal care needs, such as eating, bathing,)1)2

		dressing, or getting around the house?	Partner	03
			Parent	04
		Read Only if Necessary (If a relative that is	Son	05
		paid, code as appropriate relative)	Son-in-law	06
			Daughter	07
			Daughter-in-law	08
			Other relative	09
			Other Paid Relative:	
			Specify: (18 Characters)	10
			Unpaid volunteer	11
			Paid employee/home health service	12
			Friend or neighbor	13
			Combination of family and/or	
			friends and/or paid help	14
			Other	15
			No one helps me (Go to AZ_D1)	16
			Don't know/Not sure	77
			Refused	99
		AZ_A2b. Is the assistance you receive to	Please Read:	
1	381	meet your personal care needs from all	Trease Read.	
1	301	sources:	Usually adequate 1	
		sources.	Sometimes adequate 2	
			Rarely adequate 3	
			Don't know / Not sure 7	
			Refused 9	
		AZ_A3. Because of any impairment or	Yes	1
1	382	health problem, do you need someone to	No (Go to AZ_I	
-	302	help in handling your routine needs, such as	` =	
		everyday household chores, shopping, or	Refused (Go to AZ_	,
		getting around for other purposes?	Refused (Go to 112_	D1))
		AZ_A3a. Who usually helps you with	Read Only if Necessary (If a relati	ve that is
20	383-402	handling your routine needs, such as	Read Only if Necessary (If a relative that paid, code as appropriate relative)	
20	303 102	everyday household chores, shopping, or	pard, code as appropriate relative	
		getting around for other purposes?	Husband	01
		getting around for other purposes.		02
				03
				04
				05
				06
				07
			Daughter-in-law	08
			Other relative	09
			Other Paid Relative: Specify:	0)
			10	
			Unpaid volunteer	11
			Paid employee/home health service	
			Friend or neighbor	13
			Combination of family and/or	1.5
			friends and/or paid help	14
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			Other	15
			No one helps me (Go to AZ_D1)	16
			Don't know / Not sure	77
			Refused	99
1	403	AZ_A3b. Is the assistance you receive to meet your routine needs from all sources:	Please Read:	
			Usually adequate 1	
			Sometimes adequate 2	
			Rarely adequate 3	
			Don't know / Not sure 7	
			Refused 9	
		Disability Section (Ask of Respondents 55	Yes 1	
1	404	years of age or older)	No 2	
			Don't Know/Not Sure 7	
		The next few questions are about disabilities you may have that prevent you from doing activities. Remember you don't have to answer any of the questions and your responses remain confidential.	Refused 9	
		AZ_D1. Are you limited in any way in any activities because of physical, mental or emotional problems?		
		AZ_D2. Do you now have any health	Yes 1	
1	405	problem that requires you to use special	No 2	
		equipment, such as a cane, a wheelchair, a	Don't Know/Not Sure 7	
		special bed, or a special telephone?	Refused 9	

NOTE: YOU MUST PLACE THE NUMBER ONE (1) IN POSITION 620.